



Commercial Drivers License
555 Wright Way, Carson City
810 E. Gregg St, Sparks, NV 89431
4110 Donovan Way, N Las Vegas, NV 89030
3505 Construction Way, Winnemucca, NV 89445
3950 E. Idaho St, Elko, NV 89801
178 N. Avenue F, Ely, NV 89301

THIRD PARTY SCHOOL CHANGE APPLICATION

NRS 483.912

Please print

Company Number: _____

Name of School: _____

Physical Address: _____
Street City State Zip

Mailing Address: _____
Street/PO Box City State Zip

Business Phone Number (____) _____ - _____ Business Fax Number (____) _____ - _____

Please check appropriate box and complete the information

☐ Road Test course, attach map of your proposed new course. Explain reason for change and effect on students:

☐ Change of Address, please indicate location type: ☐ Principal ☐ Branch, ☐ Physical Address ☐ Mailing Address

Previous Address _____

New Address _____

☐ Ownership change to: ☐ Individual ☐ Partnership ☐ LLP ☐ LLC ☐ Corporation, incorporated in State of _____

New principal's name: _____

☐ New vehicle type: _____ License plate number: _____

Attach a copy of the certificate of insurance for this vehicle

☐ Delete Company from Certification List, return all unused CDL20 Third Party Certification Of Driving Ability forms

Location type: ☐ Principal ☐ Branch

☐ Number of vehicle less than the minimum required.

☐ Other (please explain) _____

☐ Delete Certifier's Name From Certification List

Name _____

Certification Number _____

Driver License Number _____

☐ No longer employed by company

☐ No longer has a valid class A or B commercial driver license

☐ Other (please explain) _____

I certify the above information is true and correct, and that I am the authorized representative of the above named company.

Signature _____ Date _____

Name (Please print) _____